



WHITEHALL TOWNSHIP

Enforcement Complaint Form



DATE OF REPORT	TIME OF REPORT	LOCATION OF VIOLATION

NATURE OF VIOLATION:

- ANIMAL
- BLIGHT
- GRASS / LEAVES / WEEDS
- PARKING OR STORAGE
- POOLS
- VEHICLES
- OTHER

DESCRIBE VIOLATION:

PHOTO INFORMATION:

PHOTO	DATE TAKEN	TIME TAKEN	DESCRIPTION	INITIALS
1				
2				
3				
4				
5				

NAME OF REPORTING PARTY	BIRTHDATE	ADDRESS:	PHONE

AFFADAVIT:

INITIAL

- I, _____, do swear and affirm I personally observed the violation(s) described above
- I have provided ____ photographs, which are true & accurate representation of the described violation(s).
- I hereby give permission for any agent of Whitehall Township to enter upon my premises, which is located at _____, by which the agent may personally observe the violation(s).
- I affirm that I have legal authority to permit the presence of any agent upon the above premises described.
- I have provided supporting documentation, to verify my authority to grant permission for any agent to enter upon the premises described.
- I swear, under penalty of perjury, that the information contained in this document is true and correct.

AUTHORIZATION:	NOTARY PUBLIC
Form Completed By: _____ Initials _____ Signature: _____ Date / Time: Date: _____ Time: _____ Witnessed By: _____ Initials _____ Signature: _____	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> SEAL </div>

OFFICIAL USE ONLY			
<input type="checkbox"/> State ID:	<input type="checkbox"/> Mail:	<input type="checkbox"/> BSNA	
<input type="checkbox"/> COUNTY GIS:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> INITIALS	